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CONFIRMATION NO. 7283

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|---|---|--------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/668,057  | <b>FILING OR 371(c) DATE</b><br>09/22/2003<br><b>RULE</b>   | <b>CLASS</b><br>435            | <b>GROUP ART UNIT</b><br>1643   | <b>ATTORNEY DOCKET NO.</b><br>17023.032US1 |
| <b>APPLICANTS</b><br>Anthony D. Sandler, Coralville, IA;  |   |                                |   |  |
| ** CONTINUING DATA *****<br>5/11 This application is a CIP of 09/705,146 11/02/2000 PAT 6,656,684   |   |                                |   |  |
| ** FOREIGN APPLICATIONS *****<br>5/11 N/A   |   |                                |   |  |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **<br>** 12/15/2003  |   |                                |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <u>SSU</u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>IA. | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>21                  |
| <b>INDEPENDENT CLAIMS</b><br>2  |   |                                |   |  |
| <b>ADDRESS</b><br>53137   |   |                                |   |  |
| <b>TITLE</b><br>Method for predicting tumor recurrence  |   |                                |   |  |
| <b>FILING FEE RECEIVED</b><br>459   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |